

**WISCONSIN MEDICAL ASSISTANCE PROGRAM**  
**HEALTHCHECK OUTREACH AND CASE MANAGEMENT HANDBOOK**  
**PART D, DIVISION II**

**PART D, DIVISION II**  
**HEALTHCHECK SCREENING SERVICES PROVIDER HANDBOOK**  
**TRANSMITTAL LOG**

This log is designed as a convenient record sheet for recording receipt of handbook updates. Each update to Part D, Division I, of the handbook will be numbered sequentially. This sequential numbering system will alert the provider to any updates not received. Providers must delete old pages and insert new pages as instructed. Use of this log will help eliminate errors and ensure an up-to-date handbook.

If you are missing a transmittal, please request it by transmittal number. For example, if the last transmittal number on your log is 2D-3 and you receive 2D-5, you are missing 2D-4. If the provider is missing a transmittal, copies of complete provider handbooks may be obtained by completing the order form in Appendix 36 of the WMAP Part A Provider Handbook.

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## INTRODUCTION

The Wisconsin Medical Assistance Program (WMAp) is governed by a set of regulations known as the Wisconsin Administrative Code, Chapters HSS 101-108 and by state and federal law. These regulations are interpreted for provider use in two WMAp provider handbooks. The two handbooks are designed to be used in conjunction with each other and with the Wisconsin Administrative Code.

Part A of the WMAp handbook includes general policy guidelines, regulations and billing information applicable to all types of providers certified in the WMAp. The service specific handbook includes information applicable to a specific provider type and includes information on provider eligibility criteria, covered services, reimbursement methodology and billing instructions. Each provider is sent a copy of the Part A and appropriate service specific handbook at the time of certification.

Additional copies of provider handbooks may be obtained by writing to Document Sales at the address listed in Appendix 3 of Part A of the WMAp Provider Handbook.

When requesting a handbook, be sure to indicate the type(s) of service provided (i.e., physician, chiropractic, dental, etc.) and the document number. The document number of Part D, Division II of the handbook is POH-1050-D-II.

It is important that both the provider of service and the provider's billing personnel read this material prior to initiating services to ensure a thorough understanding of WMAp policy and billing procedures.

**NOTE:** For a complete source of WMAp regulations and policies, the provider is referred to Wisconsin Administrative Code, Chapters HSS 101-108, also referred to as the Super Rule. In the event of any conflict in meaning between HSS 101-108 and the handbook, the meaning of the Wisconsin Administrative Code will hold. Providers may purchase HSS 101-108 from Document Sales.

Providers should also be aware of other documents including state and federal laws and regulations, relating to the WMAp.

1. Chapter 49.43 - 49.497, Wisconsin Statutes
2. Title XIX of the Social Security Act and its enabling regulations, Title 42 - Public Health, Parts 430-456.

A list of common terms and the abbreviations appear in the WMAp Part A handbook and also in the Wisconsin Administrative Code, Chapter HSS 101.

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**A. TYPE OF  
HANDBOOK**

HealthCheck Outreach and Case Management is Part D, Division II, a supplement to Part D, Division I, HealthCheck Screening Services Handbook. It contains information applicable to HealthCheck Outreach and Case Management providers. The intent of this supplement is to provide information regarding provider eligibility criteria, covered services, terms of reimbursement, and billing instructions specific to the HealthCheck Outreach and Case Management function. It is to be used with both Part D, Division I, HealthCheck Screening Services Handbook, and Part A of the Wisconsin Medical Assistance Provider Handbook which includes general policy guidelines, regulations, and billing information applicable to all types of providers certified in the Wisconsin Medical Assistance Program (WMAP).

**B. PROVIDER  
INFORMATION**

**Provider Eligibility and Certification Requirements**

The requirements for outreach and case management providers under HealthCheck are detailed in HSS 105.37(2) of the Wisconsin Administrative Code as follows:

1. The provider must be certified under HSS 105.37(1) as a provider of HealthCheck assessment and evaluation services (i.e., HealthCheck screening).
2. The provider must submit to the Department of Health and Social Services (DHSS) a plan of outreach and case management which includes the following:
  - a. Description of the geographical area the provider serves (county, municipality, etc.).
  - b. Characteristics of the target population (number of eligible recipients under age 21, ethnic/language affiliation, access barriers such as rural distance, lack of providers, etc.).
  - c. Coordination with support activities conducted by the DHSS and other health-related services. The plan must also include a description of the methods and procedures for coordinating and integrating HealthCheck case management activities. At a minimum, the provider must identify the name, location and phone number of the following resources:
    - Women, Infants and Children (WIC) Program
    - Maternal and Child Health Services
    - Head Start Program
    - Family Planning Services (including teen or school based clinics)
    - School health and pupil services
    - Medical Assistance certified physicians and dentists for ongoing HealthCheck care
    - Job Opportunities and Basic Skills Training (JOBS) and Job Training Partnership Act (JTPA)
    - Child day care services
    - Mental Health and Alcohol/Drug Abuse agency

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- County human or social service agencies
  - Domestic Abuse agency
  - Translator and interpreter services, if not on staff
  - Vocational rehabilitation programs
  - Specialized services such as perinatal programs, genetic counseling, and sickle cell anemia programs
  - Developmentally Disabled Child Service programs
- d. Description of methods used to ensure that recipients receive the necessary diagnosis and treatment services for conditions detected during HealthCheck screenings.
  - e. Description of how scheduling and transportation assistance will be provided.
  - f. Description of how case management will be documented and where records will be maintained.
  - g. Procedures for ensuring HealthCheck services do not duplicate care by another local health care or case management provider.
  - h. The procedures to be used for educating recipients about the health care system; how to responsibly use Medical Assistance services and utilize various local community services (e.g., WIC, Head Start). What kinds of health education will be offered.
  - i. Description of how other local health and social service providers are to be made aware of HealthCheck services.

The DHSS will review all proposed plans, and approve or deny the provider's request for certification. The decision to approve or deny will be based on demonstration that all the requirements of the HealthCheck outreach/case management program are being met. All screening providers requesting certification for case management will receive written notice of the DHSS decision.

Case management providers must comply with all Medical Assistance provider requirements and the signed case management agreement with the DHSS for case management activities.

**Billed Amount**

Providers are required to bill at a uniform rate when rendering an identical service to Wisconsin Medical Assistance recipients and to private pay patients. Providers shall not discriminate against recipients by charging a higher fee for a service than that charged to a private pay patient.

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**B. PROVIDER  
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**Terms of Reimbursement**

1. Targeted Outreach - Certified HealthCheck Outreach and Case Management providers will be reimbursed the lesser of the provider's usual and customary charge or the maximum allowable fee for targeted outreach and case management services. Reimbursement for recipients from the provider's targeted list, who receive a HealthCheck screening, may be claimed for outreach and case management service.
2. Non-targeted Outreach - Reimbursement for recipients who are not on a provider's targeted list and receive a screening may also be claimed for outreach and case management but at a lower rate than that for the targeted group.

**Provider Responsibilities**

Specific responsibilities as a provider under the WMAP are stated in Part A of the WMAP Provider Handbook. The WMAP Part A Provider Handbook should be referenced for detailed information regarding fair treatment of the recipient, maintenance of records, recipient requests for noncovered services, services rendered to a recipient during periods of retroactive eligibility, grounds for provider sanctions and additional state and federal requirements.

Providers of HealthCheck Outreach and Case Management services are required to:

1. Focus outreach and case management efforts upon the targeted list of HealthCheck eligibles that EDS sends to providers on a monthly basis.
2. Inform eligible recipients about the availability and benefits of a HealthCheck screening, remove barriers to program participation and provide all necessary follow-up.
3. Have resources for informing disabled, illiterate and non-English speaking recipients, including access to persons who speak the language of the non-English speaking population in the local service area.
4. Develop the following records and documentation:
  - a. All written outreach materials must be available for review as part of the provider's records.
  - b. All records must be maintained by the provider for five years from the date of payment following the screening as required by HSS 105.02(4), Wis. Adm. Code.
  - c. A file for each recipient for whom reimbursement was claimed for outreach and case management must be maintained. The file must include the following information:
    - Copy of the HealthCheck screening services claim form which documents the screening;
    - Record of the targeted list priority number the recipient was assigned on the targeted listing, if available;
    - Date that the initial, annual, or periodic outreach contact or notification was made;

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**B. PROVIDER  
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- Record of linkage (where possible) of recipient to an ongoing primary health care provider;
- Record of all case management referrals, dates of appointments, whether appointments were met, and any other follow-up documentation notes to referrals;
- Date of the recipient's next scheduled HealthCheck periodic screening;
- Record of dental referrals and follow-up for recipients beginning at age 3 years; and
- Documentation of the health history completed for the recipient at the time of the screening.

**Confidentiality**

Federal and state regulations define the limitations for the use of Medical Assistance recipient information. Disclosure of recipient information is limited to the following persons or agencies:

1. Representatives of federally assisted programs which provide assistance, in cash or in kind, or services (e.g., Head Start Program, WIC Supplemental Food Program), directly to the individual on the basis of need (45 CFR 205.50).
2. Under HSS 108.01, Wis. Adm. Code, legally qualified representative or agent representatives outside the Wisconsin DHSS (e.g., courts, law enforcement officers, governmental authorities) for the purpose of direct program administration, including:
  - a. Determining initial eligibility of the applicant and continuing eligibility of the recipient;
  - b. Determining appropriate services to be covered;
  - c. Providing services for recipients;
  - d. Processing provider claims for reimbursement;
  - e. Auditing provider claims for reimbursement; or
  - f. Seeking third-party payment for services provided to a recipient.
3. For purposes of outreach and case management and screenings, information obtained on the claim form may be shared with referred providers. Information may also be disclosed in summary, statistical, or other form which does not identify specific recipients.

Persons or agencies receiving such information are bound by law to observe confidentiality standards comparable to those of the DHSS. Please refer to Section IV Part A of the WMAP Provider Handbook for detailed information.

All questions about recipient information should be directed to:

Bureau of Health Care Financing  
Attn: HealthCheck Coordinator  
Post Office Box 309  
Madison, WI 53701-0309



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**C. RECIPIENT  
INFORMATION**

**Eligibility for Medical Assistance**

Outreach and case management workers may find persons unable to pay for health care services who may be eligible for the WMAP. Providers should advise these persons, or a representative, to contact the local county department of social services to make application for the WMAP. Low income pregnant women should be encouraged to make application for the WMAP.

Brochures describing eligibility requirements and HealthCheck may be obtained from county departments of social services or by writing to:

Department of Health and Social Services  
Division of Economic Support  
Attn: Public Information  
1 West Wilson Street  
Madison, WI 53701

Recipients meeting eligibility requirements for Medical Assistance are issued Medical Assistance identification cards. These cards include the recipient's name, date of birth, 10-digit Medical Assistance identification number, medical status and an indicator of private health insurance coverage, HMO coverage and/or Medicare coverage.

Medical Assistance identification cards are sent to recipients on a monthly basis. All Medical Assistance identification cards are valid only through the end of the month for which they are issued. It is important that providers or the designated staff check a recipient's Medical Assistance identification card prior to each time service is provided to determine if the recipient is currently eligible and if there are any limitations to coverage.

All recipients under age 21 are eligible for HealthCheck screening and case management services. In addition, the HealthCheck screening referral provides access to other health services such as dental or mental health services.

Part A of the WMAP Provider Handbook provides detailed information regarding eligibility for Medical Assistance, Medical Assistance identification cards and how to verify eligibility. This section should be reviewed carefully by the provider before services are rendered. A sample Medical Assistance identification card can be found in Appendix 7 of Part A of the WMAP Provider Handbook.